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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 6 1948 318

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. 34625  
Registrar's No. 9199

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME AUGUST RICHARD ROOCH.  
(b) If veteran, name war Spanish American  
(c) Social Security No. 489-01-6157

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Louise H. Rooch.  
(c) Age of husband or wife if alive 60 years  
7. Birth date of deceased August 13 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 10  
If less than one day hr. min.

9. Birthplace Milwaukee, Wisconsin.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired  
Division Mgr. Anheuser Busch.

11. Industry or business Dr. August Rooch.

12. Name unknown Germany

13. Birthplace Louise Brenecke. Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown Germany  
(City, town, or county) (State or foreign country)

15. Birthplace Louise H. Rooch.  
(City, town, or county) (State or foreign country)

16. (a) Informant 7716 Shirley Drive.  
(b) Address

17. (a) Burial (b) Date thereof 10/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar Blvd.

19. (a) OCT 25 1948 J. B. Lasater  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7716 Shirley Drive  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 23  
year 1948 hour minute 6:35 A.M.

21. I hereby certify that I attended the deceased from Jan. 14 1946 to Oct. 23 1946  
that I last saw him alive on Oct. 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 7 days

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Fulling 13 Day (M. D. or other)  
Address 3720 Washington Date signed 10.23.48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6616

DEC 16 1948

NE 0870

*[Handwritten signature]*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Clarence H. Murray.*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**